

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
RECEIVED
 MAY 08 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0134
Date:	5-13-15
Amount Paid:	\$755.13-15
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Travis & Patricia MacFarlane Mailing Address: 608 S 886 Telephone: 808-886
21720 Alueberry Lane City/State/Zip: BADLAND WI, 57402 608-886
 Contractor: _____ Contractor Phone: _____ Plumber: _____ Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 2 Lot(s) 2 CSM 12-73 Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: SISKIYOU BAY
 Section 33, Township S1 N, Range 6 W Town of Bell Lot Size _____ Acreage 3

Legal Description: (Use Tax Statement) 010.2-51-06-351-05008 PIN: (23 digits) 04-010-2-51-06-351-05008 Volume 910 Page(s) 786

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue If Yes--continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue If Yes--continue

Distance Structure is from Shoreline: 400 feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ feet Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>10,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 24' Height: 15'

Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(X) (X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	(X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) <u>STORAGE SHED</u> Accessory Building Addition/Alteration (specify) _____	(X) (X) (<u>24 x 24</u>) (X)	<u>576</u>
Rec'd for Issue	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	(X) (X) (X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, a (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

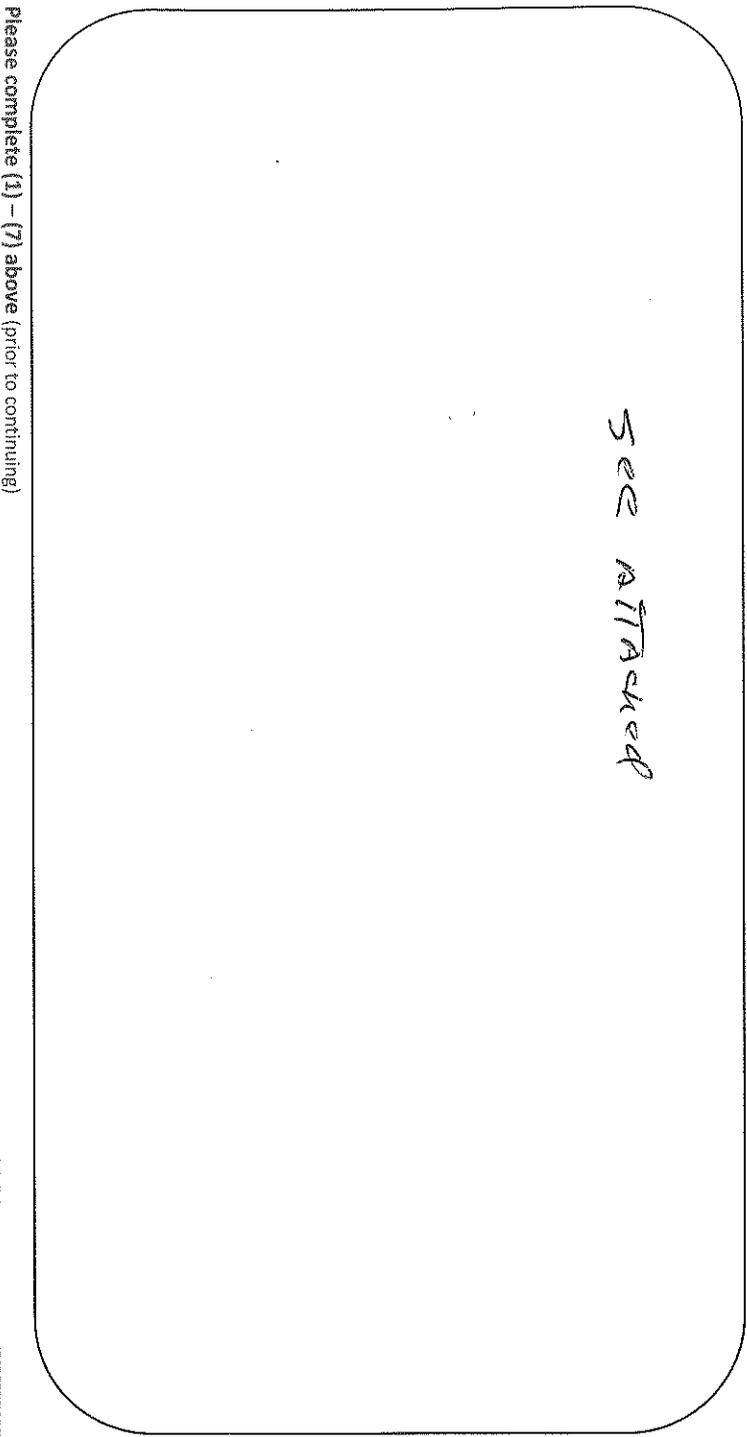
Owner(s): Travis & Patricia MacFarlane Date 5/8/2015
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: _____
 Attach _____
 Copy of Tax Statement _____
 If you recently purchased the property send your Recorded Deed _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (Ordinary high-water mark)	400 Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River Stream Creek	Feet
Setback from the North Lot Line	400 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	± 25 Feet
Setback from the West Lot Line	30 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	135 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

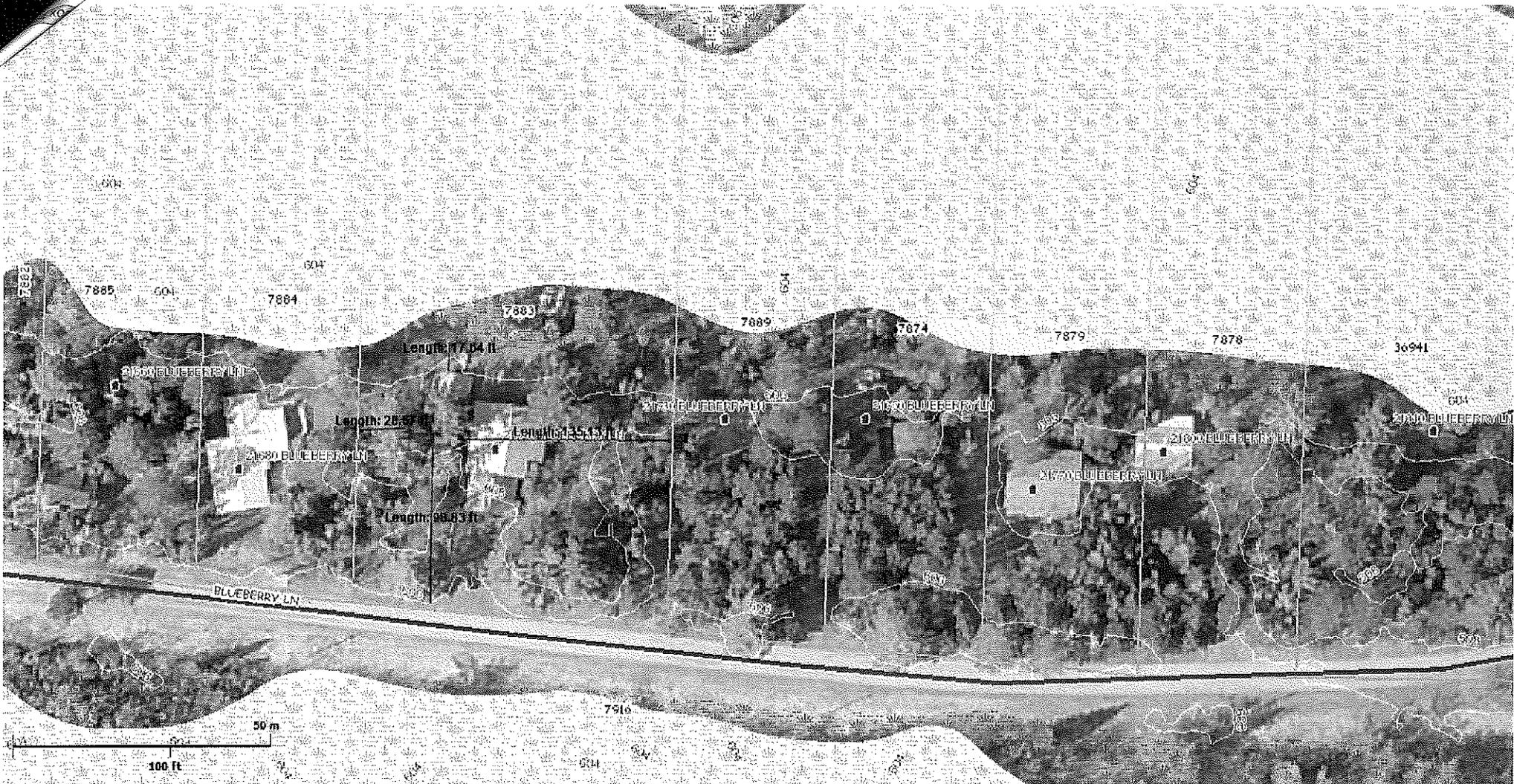
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>nuweppl</u>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: <u>15-0134</u>	Permit Date: <u>5-13-15</u>			
<input type="checkbox"/> Parcel a Sub-Standard Lot <input checked="" type="checkbox"/> Parcel In Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (fused/contiguous Lots) <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input checked="" type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input checked="" type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Reprerented by Owner <input checked="" type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>Tool with opp prop from monument found</u> <u>2 properties away - owner on site to adjacent prop</u>		Zoning District (R215) Lakes Classification (1-Suburban)		
Date of Inspection: <u>5-11-15</u>		Inspected by: <u>J. Carbone - Murphy</u>		
Condition(s): <u>Town, Committee or Board Conditions Attached?</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		
<u>Building shall not be used for sleeping purposes.</u>				
Signature of Inspector:		Date of Approval: <u>5-11-15</u>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBD: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Mad County, WI



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attachment

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Received)
 MAY 04 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-0135
 Date: 5-13-15
 Amount Paid: \$175
 Refund: 5-13-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Bruce & Meta Rose Granger
 Address of Property: 888 Lakes Lake View Dr
 City/State/Zip: Cornucopia WI 54821
 Contractor: Rudie Construction
 Contractor Phone: 715-853 3100
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) SE 1/4 NW 1/4
 Gov't Lot: _____ Lot(s): _____ CSM: 621.99 Vol & Page: 621-99 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
 Section: 35, Township: FF N, Range: 04 W, Town of: Bell

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Recorded Document: (i.e. Property Ownership) 30604
 Volume: 621 Page(s): 94

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$18,000 (See attached cost sheet)	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HT <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 28' Width: 24' Height: 12'
 Proposed Construction: Garage

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with Attached Garage	() () () () ()	() () () () ()
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	()	()
<input type="checkbox"/>	Addition/Alteration (specify)	()	()
<input checked="" type="checkbox"/>	Accessory Building (specify) Garage	(24 X 28)	672
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/>	Special Use: (explain)	()	()
<input type="checkbox"/>	Conditional Use: (explain)	()	()
<input type="checkbox"/>	Other: (explain)	()	()

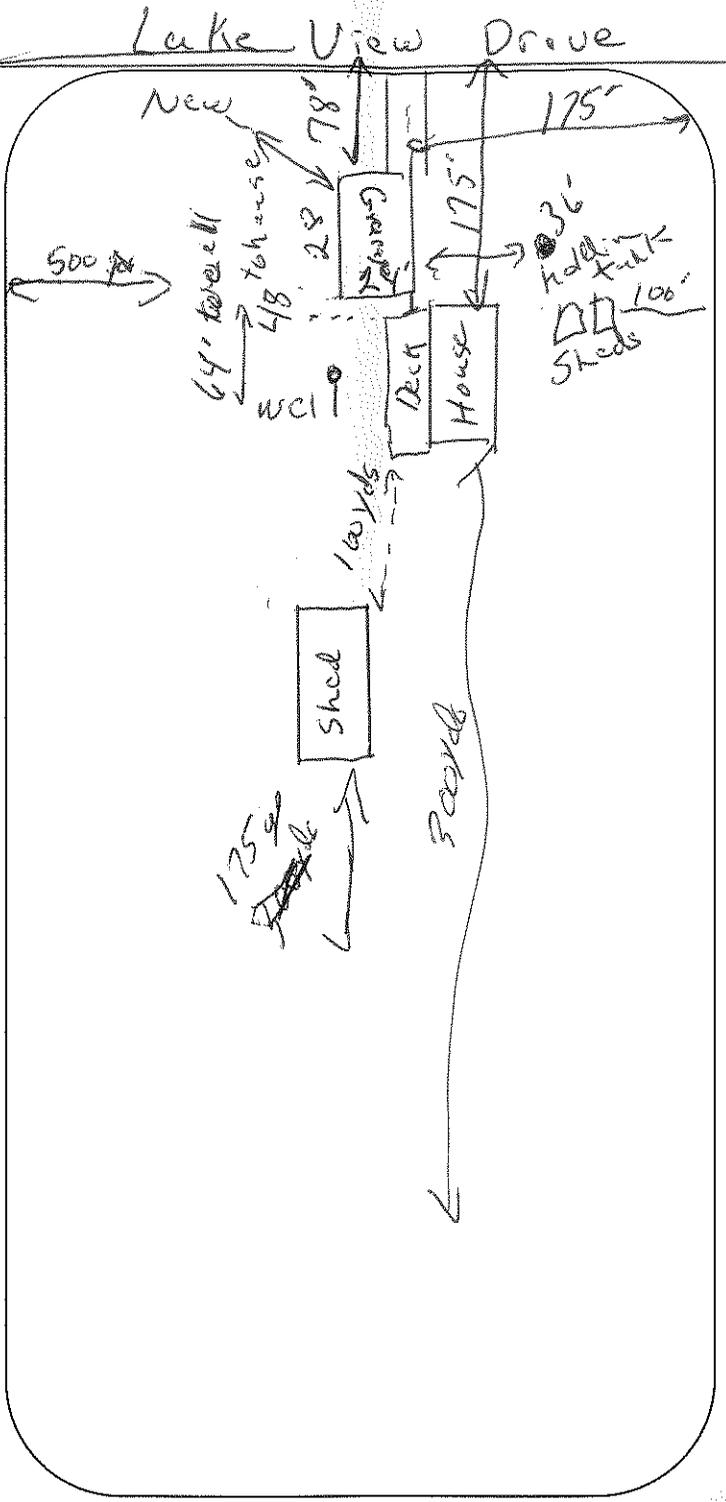
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 SOCIAL MEDIA: (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Bruce & Granger Meta Rose
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date: 4-21-15
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: _____
 Attach
 Copy of Tax Statement
 Recorded Deed

CONFIRMING ADDRESS w/ Emergency Management If you recently purchased the property send your Recorded Deed APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (**) Driveway and (**) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (**) Well (W); (**) Septic Tank (ST); (**) Drain Field (DF); (**) Holding Tank (HT) and/or (**) Privy (P)
- (6) Show any (*): (**) Lake; (**) River; (**) Stream/Creek; or (**) Pond
- (7) Show any (*): (**) Wetlands; or (**) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	78'	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	450	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	150	Setback from Wetland	Feet
Setback from the West Lot Line	750	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	78	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	36	Setback to Well	52
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: 407221 # of bedrooms: Sanitary Date: 5-20-2015
 Permit Denied (Date): Reason for Denial:

Permit #: 15-0135 Permit Date: 5-13-15

Is Parcel a Sub-Standard Lot Yes No
 Is Parcel in Common Ownership Yes No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: Yes No Previously Granted by Variance (B.O.A.) Case #: Yes No

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: 940 Staked - tank not full
 FIRE # SAN SHYS 8865 But the stake = 8865
 Date of Inspection: 5-11-15 Inspected by: J CREMONA-MURPHY

Conditions: Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
 SHALL NOT BE USED FOR SLEEPING PURPOSES + SHALL NOT HAVE INDOOR PLUMBING FIXTURES OR PRESSURIZED WATER UNLESS NECESSARY PERMITS ARE OBTAINED

Signature of Inspector: Date of Approval: 5-11-15

Hold For Sanitary: Hold For BA: Hold For Affidavit: Hold For Fees: